**IACUC ANIMAL PROTOCOL AMENDMENT FORM**

**Instructions:** Please complete and submit this form to the Institutional Animal Care and Use Committee (IACUC) for review of proposed changes to an approved protocol. Include any changes in number or species of animals used or experimental procedures conducted in animals, which differ from the original approved protocol. The proposed changes **must be reviewed and approved by the IACUC prior to initiation of the changes.** **Also, please submit a copy of the most recent approved IACUC protocol along with the track changes of the amendment changes being requested.**

**Principal Investigator:**

**IACUC Protocol Number:**

**Title of Study:**

**1. Reason for Proposed Changes:**Briefly explain the reason for the proposed changes in the proposed protocol, and describe how the changes relate to the existing approved protocol.

**2. Change to Study Personnel: Yes ( ) No ( )

(a)** If yes, please provide the full name, title, affiliation, email address, phone number of the individual.

**(b)** Please describe the individual’s specific role (*e.g., Co-investigator, research assistant, etc.)* and the research activities they will be conducting.

**(c)** Please clarify who will provide training and supervision until the individual is proficient with performing the research activity on the protocol. *For all student personnel, attach a copy of the completed and signed* ***Student Research Assistant Training Certification Form****.* For all new personnel, attach a copy of the required CITI Program Training completion report or equivalent training from individual’s home institution, along with the amendment form.

**2. Changes in Experimental Methods:** Yes ( ) No ( )
If yes, describe any changes in experimental methods. If new drugs will be administered, please include the dose, frequency, and route of administration

**3. Change in Species of Animals Used:** Yes ( ) No ( )If yes, please indicate the species and number of animals to be used, provide justification for selection of the new species, and describe how the number of animals was derived.

**4. Additional Animals of the Same Species:** Yes ( ) No ( )If yes, please indicate the number of additional animals t be used, providejustification for the use of additional animals, and describe how the number ofadditional animals was derived.

**5. Additional Surgery or New Surgical Methods:** Yes ( ) No ( )

If yes, please describe the procedure and any preoperative and/or postoperative care.

**6. New Method of Anesthesia:** Yes ( ) No ( )
If yes, please provide the agent, dose, and route of administration. Include methods for monitoring depth of anesthesia and recover from anesthesia.

**7. New Method of Euthanasia:** Yes ( ) No ( )
if yes, please describe the new method of euthanasia and provide the agent, dose, and route of administration, if applicable.

**8. Pain and/or Distress:** Yes ( ) No ( )
If the new procedure(s) are expected to cause more than momentary or slight pain and/or distress, please check "yes" and describe steps which will be taken to minimize pain and/or distress.

If yes, please provide a narrative description and list the sources (such as literature searches and key words, conferences attended, journals read, and consultations with colleagues), used to determine that non-animal alternatives, non-painful or less painful alternative procedures in animals, or phylogenetically lower animal alternatives do not exist or cannot be used to satisfy your experimental objectives.

**9. Addition of New Radioisotopes or Hazardous Agents**: Yes ( ) No ( )If yes, describe the agent, quantity or dose, frequency and route of administration, and any special precautions for use or disposal. Please submit a copy of this form to the BiosafetyOfficer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Principal Investigator Date:**